



**Government of the
District of Columbia**

Office of Tax
and Revenue

Recorder of Deeds

515 D Street, NW

Washington, DC 20001

Phone (202)727-5374

CLAIM FOR REFUND

Date

mm/dd/yyyy

Property Description:

Square(s) Suffix(es) Lot(s)

Address

Instrument No. Date Recorded

Taxpayer's Name

Address

Telephone Number (Day) (Eve)

Amount Paid: Recordation Tax \$

Transfer Tax \$

Explanation of Claim

Please indicate your reason(s) and attach any evidence you may have to support your claim. You may add attachments if more space is needed.

, first being duly sworn
on oath, deposes and says that I am the person who paid the tax herein claimed and that I
am lawfully entitled to the refund claimed. And, further hereby affirms under penalty of law
that the above statement and representations are true and correct.

Signature of Claimant(s)

Subscribed and sworn to before me this day of , 200.

Notary Public

[Notary Seal]

My commission expires:
mm/dd/yyyy